Ramirez Amended Complaint EXHIBIT "8"

OKLAHOMA DEPARTMENT OF CORRECTIONS MSRM 140117.01.10.6
NURSING PRACTICE PROTOCOLS (R-4/19)

Neurologic Deficit
(Ischemic Attack, CVA, Bell's Palsy)

Subjective Data: **Allergies:** _____

Chief complaint: _____

Onset of Symptoms: _____ Duration of Symptoms: _____ Activity at Onset: _____

Associated symptoms:

❑ Generalized weakness/paralysis	❑ Disturbance of speech	❑ Loss of balance	❑ Excessive tearing of eye	
❑ Neck ache	❑ Pain behind ear	❑ Visual disturbances	❑ Confusion	❑ Loss of consciousness
❑ Loss of bladder and/or bowel	❑ Facial drooping	❑ Loss of taste	❑ Facial drooping	❑ Drooling

Stroke- THINK F.A.S.T	**Bell's Palsy – COWS**
Face - weakness on one side of the face and ask person to smile	**C** – close your eyes
Arm- weakness or numbness in one arm ask the person to raise both arms	**O** – open your eyes
Speech – slurred speech or trouble getting words out, ask the person to speak a simple sentence	**W** – wrinkle your forehead, raise your eyebrows
Time – note time when signals were first observed	**S** – smile

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt._____ O_2 sats._____ FSBS: _____

Respiration	LOC	Neurologic		Mental Status
❑ Even	❑ Awake	❑ Gait steady	❑ Gait unsteady	❑ Oriented to place
❑ Uneven	❑ Alert	❑ Grips equal	❑ Grips unequal	❑ Oriented to date & time
❑ Labored	❑ Oriented X____	❑ Speech normal	❑ Speech slurred	❑ Can repeat "ball, flag, tree"
❑ Unlabored	❑ Confused	❑ Pupils equal	❑ Pupils unequal	❑ Can name a pen and watch
❑ Shallow	❑ Lethargic	❑ Smile symmetrical	❑ Smile asymmetrical	❑ Can repeat "no ifs and or buts"
❑ Deep	❑ Comatose	❑ Facial drooping	❑ Pain behind the ear	❑ Can draw a clock set to 2:30
❑ Rapid	❑ Follows commands	❑ Able to wrinkle forehead and close eyes		
	❑ Unable to follow commands	❑ Unable to wrinkle forehead and close eyes		
	❑ Knows month & age	❑ Loss of sense of taste		
	❑ Does not know month & age			

***CONTACT HEALTH CARE PROVIDER IMMEDIATELY IN ALL CASES OF NEUROLOGIC ADNORMALITIES:* In cases of emergency call EMS.**

❑ Facial drooping	❑ Weakness/numbness/paralysis	❑ Blood Pressure elevation
❑ Decreased level of consciousness	❑ Loss of consciousness	(Systolic ≥ 185 mmHg or Diastolic ≥ 110 mmHg)
❑ Paralysis	❑ Unable to speak/slurred speech	

Emergency department notification time: _____ **Transport time:** _____ **Transported by:** _____

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** ❑ Yes ❑ No

Plan: Interventions:

- ❑ Check in assessment only for health care providers visit.
- ❑ Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed.
- ❑ Call EMS for altered state of consciousness, facial drooping and/or can't speak.
- ❑ Obtain VS, including FSBS, paying special attention to an elevated blood pressure.
- ❑ Assess inmate's coordination of movement and ability to move upper and lower extremities.
- ❑ Check pupil size and reaction to light.
- ❑ Assess facial symmetry. Look for differences between features of right and left side of face (e.g. smile/frown, raise eyebrows) and presence/absence of eyelid drooping.
- ❑ Assess inmate's ability to walk, observing gait and balance.
- ❑ Do not give inmate anything to eat or drink.
- ❑ Have inmate rest quietly on their weakened side so secretions can drain from the mouth.
- ❑ Education/Intervention: Instructed on treatment provided, follow-up sick call with health care provider after ER / hospitalization. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/Credentials: _____ **Date:** _____ **Time:** _____

Inmate Name (Last, First) DOC #

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
Hypertension

MSRM 140117.01.1.3
(R-4/19)

Subjective Data: **Allergies:** _____
Chief complaint: _____

Onset:_____ ❑ New Onset ❑ Chronic ❑ Recurrence Severity of attack: Scale: (1-10)_____

Risk Factors:

❑ Diabetes	❑ Cardiovascular Disease	❑ Stroke	❑ Renal Disease	❑ Smoker	❑ Caffeine Use
❑ Illicit Drug Use	❑ Excessive Licorice Intake	❑ Excessive Sodium Intake	❑ Previous Treatment for Hypertension		

Associated symptoms:

❑ Epistaxis	❑ Muscle cramps	❑ Headache	❑ Visual Disturbances	❑ Weakness	❑ Sweating
❑ Dizziness	❑ Palpitations	❑ Tinnitus	❑ Shortness of Breath	❑ Edema	❑ Anxiety
❑ Nausea	❑ Vomiting	❑ Polyuria			

Current Medications:_____, _____, _____

Objective Data: (clinically indicated VS)

BP (sitting) _____ (lying) _____ (standing)_____ Pulse_____ Resp. ____Temp. _____Wt._____ O_2 sats._____ FSBS _____

Respiration	Lung Sounds	Skin	LOC	Swelling	Appearance
❑ Even	❑ Clear	❑ Warm	❑ Awake	❑ Extremities	❑ No distress
❑ Uneven	❑ Rhonchi	❑ Pink	❑ Alert	❑ Generalized	❑ Mild distress
❑ Labored	❑ Wheezes	❑ Cool	❑ Oriented X__	❑ Pitting	❑ Moderate distress
❑ Unlabored	❑ Diminished	❑ Pale	❑ Confused		❑ Severe distress
❑ Shallow	❑ Rales	❑ Cyanotic	❑ Lethargic		
❑ Deep	❑ Crackles	❑ Mottled	❑ Comatose		
❑ Use of accessory muscles		❑ Diaphoretic			

CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF.

❑ If diastolic blood pressure is > 120 mm Hg, or systolic blood pressure > 200 mm Hg
❑ Cardiac symptomology ❑ Unresponsive to treatment ❑ Call 911 if altered mental status change
❑ Emergency department notification time: _____ Transport time: _____

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** ❑ Yes ❑ No

Plan: Interventions: Hypertensive (check all that apply)

❑ Check in assessment only for health care providers visit.
❑ Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed.

If diastolic blood pressure is > 120 mm Hg, or systolic blood pressure > 200 mm Hg

❑ Reassure inmate, provide calm, quiet environment
❑ Place inmate in semi-fowler position or reclining position
❑ Place pulse oximeter and administer Oxygen at 2L minute via nasal cannula to maintain oxygen saturation above 90% (requires provider order)
❑ Monitor blood pressure, cardiac rate and rhythm
❑ Monitor breath sounds, heart tones and peripheral pulses
❑ Monitor skin color, moisture, temperature and capillary refill time
❑ Monitor and record vital signs and neurologic status every 15 minutes until the diastolic blood pressure is reduced to 100 mm Hg or provider has evaluated the inmate.
❑ Administer medications as prescribed (requires provider order)
❑ Insert intravenous saline lock (requires provider order)
❑ Hypertension Stage I – [Systolic 140-159; Diastolic 90-99]. Perform B/P checks 2 – 3 times a week times 2 weeks. Schedule chart review with provider to review results.
❑ Hypertension Stage II – [Systolic ≥ 160 Diastolic ≥ 100]. Perform B/P checks 3 times a week for 1 week and then schedule an appointment with provider to review results.
❑ Education/Intervention: Instructed to avoid salt rich foods, factors that trigger increase B/P, medications, treatments, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

Inmate Name (Last, First) _____ DOC # _____